

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033739

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1142

STATE FILE NUMBER

FILED OCT 15 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

2 mo. 14 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

State Hospital #2

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3217 Cleveland

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

FLOYD

N.

ANDERSON

4. DATE OF DEATH

Month

Day

Year

Oct. 1, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married: ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/23/1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

mail handler

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

unknown

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

State Hosp. #2 Records, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

over 2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of bladder

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 17, 1962 to Oct. 1, 1962 and last saw her alive on Oct. 1, 1962

Death occurred at 1:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree and title)

22b. ADDRESS

State Hosp. #2, St. Joseph, Mo.

22c. DATE SIGNED

10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

10/1/1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Hiawatha

Kansas

24. FUNERAL DIRECTOR

ADDRESS

Heaton-Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 11, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

C. Smith, M.D.

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

15117

25117

3

4 0

5 2

6

7 9

8 2

9 4200H

10

11

12 93-0

13 1-0

OCT 15 1962

OCT 29 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William J. Gilling

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 10/1/62 - Certificate delayed for replacement